

GP Fellowship Reflection

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I applied for the fellowship shortly after returning to general practice following maternity leave. At the time, I was juggling four children, working five GP sessions a week, and undertaking a postgraduate diploma. I had reached a point where I felt that something had to give. I was enjoying general practice less and less and was increasingly frustrated by the systems and processes around me. I felt that I was spending a significant amount of my energy working within a system that I did not always understand or feel able to influence.

If I am honest, applying for the fellowship was something of a last-ditch attempt to find some balance in both my personal and working life. I was not entirely sure what I expected from the fellowship, but I knew that I needed a change. I wanted to step back from the day-to-day pressures of clinical practice, broaden my experience, and explore whether there was another way in which I could contribute to healthcare and the NHS.

During the interview process, I had started to explore the NHS 10 Year Plan and began thinking about areas that I might want to focus on. Integrated Training Posts (ITPs) immediately caught my attention. I was interested in the concept of developing training that bridged different areas of healthcare and felt that this could offer significant benefits for both trainees and the wider workforce.

After discussing this during the interview, I went into the fellowship with a real sense of enthusiasm and determination. My supervisor felt that this was an excellent area to explore, and there appeared to be scope to expand ITPs within Dorset. I spent the first few months meeting with local GP Training Programme Directors and presenting my ideas about how we might expand these posts.

It was an important early lesson in the fellowship. Some of my ideas had already been explored, and I gradually discovered that there were a number of complex and unforeseen barriers preventing the expansion of ITPs in Dorset. Initially, this was disappointing. I had arrived with enthusiasm and what I thought were relatively straightforward solutions, only to discover that the reality was much more complicated.

However, this experience taught me an important lesson about systems leadership. I learnt that good ideas alone are rarely enough to create change within a large organisation such as the NHS. Before trying to solve a problem, it is essential to understand its history, the people involved, the competing priorities, the evidence, and the practical constraints. I also learnt the importance of listening before trying to lead. Rather than arriving with a predetermined solution, I needed to understand why things were the way they were and what had already been tried. This was a significant shift in my thinking.

My supervisor subsequently introduced me to another exciting opportunity: helping to establish and monitor the integration of structured learning across Dorset and Thames Valley. I became part of a group of four GP fellows working alongside GP Training Programme Directors and Associate Deans to deliver this project.

This became one of the highlights of my fellowship. We managed to establish the Structured Learning Programme and go live within just three months. I was able to witness first-hand what can be achieved through effective teamwork, but also experienced the inevitable challenges that accompany change. There were moments of excitement and achievement alongside disappointment, uncertainty, and the need to adapt our plans.

Being part of this project gave me a much greater understanding of collaborative leadership. I learnt that successful projects are rarely the result of one individual having the best idea. They depend on bringing together people with different perspectives, expertise, responsibilities, and priorities and creating enough shared purpose for everyone to move in the same direction.

I was also involved in facilitating some of the group teaching sessions once the programme launched. This developed my confidence in trainee facilitation and helped me understand the difference between delivering information and creating an environment in which people can learn from one another. I particularly enjoyed this aspect of the fellowship and found myself increasingly interested in medical education and how we can create learning that is meaningful, relevant, and accessible to trainees.

A further important element of the project was evaluation. We developed robust methods of evaluating the programme, including questionnaires and focus groups. This introduced me to a more structured approach to understanding whether an intervention is actually achieving what it set out to achieve. I learnt that implementation cannot simply be about launching a project and declaring success. We need to ask whether it is working, for whom, why, and how it might be improved. I also gained experience in considering how projects can be disseminated more widely, including submitting our work for publication.

Alongside this major project, I had the opportunity to contribute to a number of other pieces of work. I attended national GP working groups, gaining an insight into the discussions and decision-making taking place at a much broader level than I had previously experienced in general practice. I also reviewed and rewrote the national menopause topic for structured learning. This involved reviewing the evidence base carefully and ensuring that references were accurate and traceable, so that learners could understand where the information had originated.

This piece of work particularly developed my skills in critical appraisal, evidence-based education, and medical writing. It reminded me that educational content needs to be

both clinically accurate and thoughtfully constructed. As clinicians, we often consume guidance and educational material without considering the work that goes into ensuring that it is evidence-based, appropriately referenced, and genuinely useful to learners.

I was also able to return to my original interest in Integrated Training Posts. I assisted with the evaluation of the medical education Structured Learning ITP by conducting short interviews with previous trainees. This gave me the opportunity to approach my original area of interest from a different perspective. Rather than focusing solely on how an ITP could be expanded, I was able to explore the experiences of people who had actually undertaken one and consider what could be learnt from their experiences.

What I have learnt

The fellowship has taught me far more than I anticipated. Perhaps the most significant learning has been about myself.

When I started the fellowship, I was tired. I had returned to general practice after maternity leave, was balancing a busy family life with four children, clinical work and postgraduate study, and felt increasingly frustrated by the NHS. I had begun to question whether I still enjoyed being a GP. The fellowship gave me the opportunity to step away from the relentless pace of clinical practice and rediscover what I enjoyed about medicine.

I have realised that my frustration with the NHS was not necessarily because I wanted to leave it; rather, I wanted to feel that I could contribute to changing it. The fellowship has given me a much greater understanding of how change happens and, importantly, how difficult it can be. I have learnt to be more patient with systems, to understand the reasons behind barriers, and to recognise that sustainable change requires persistence, relationships, evidence, and collaboration.

I have also learnt a great deal about leadership. Before the fellowship, I had perhaps viewed leadership as something associated with seniority or formal positions. I now understand leadership much more as the ability to bring people together around a shared purpose, listen to different perspectives, navigate disagreement, and help a group move towards a common goal.

The concept of compassionate leadership particularly resonated with me during the fellowship. I have learnt that compassion and effective leadership are not opposites. In fact, understanding people, recognising their pressures, creating psychological safety, and genuinely listening can be fundamental to achieving change. This is an area I would like to continue developing in my future career.

I have also developed practical skills that I did not have at the beginning of the year. These include facilitating groups of trainees, writing medical education modules, reviewing and referencing evidence, designing and undertaking evaluation, conducting

interviews and focus groups, and contributing to national steering and working groups. I have become more confident in communicating with people at different levels of an organisation and in presenting ideas in a way that considers the wider system rather than just my own perspective.

Perhaps one of the most valuable lessons has been learning to be comfortable with uncertainty and failure. My initial experience with the ITP project was a useful reminder that not every good idea will work in the way you initially imagine. I learnt that this is not necessarily failure. Sometimes understanding why something cannot happen is itself valuable learning. It can prevent duplication of previous work, highlight barriers that need to be addressed, and lead to a better question or a different solution.

The fellowship has also taught me the value of curiosity. Rather than immediately asking, *"How can I fix this?"*, I now find myself asking, *"Why is this happening? What has already been tried? Who needs to be involved? What does the evidence tell us? And what might I be missing?"* This feels like a fundamental change in how I approach problems.

Finally, I have learnt that I still care deeply about the NHS. I started the fellowship feeling disillusioned and unsure about my future in general practice. I am finishing it feeling energised, more confident, and with a renewed sense of purpose.

Looking forward

This year has been transformative for me. It has changed my working life and, in many ways, changed how I see myself within the NHS. I feel rejuvenated and once again able to engage with the challenges of general practice rather than simply feeling overwhelmed by them.

I have discovered areas of work that I genuinely enjoy, particularly medical education, leadership, evaluation, and quality improvement. I have developed skills that I hope to take back into clinical practice and use to support both trainees and colleagues.

Most importantly, the fellowship has given me the confidence to believe that I can contribute to change. I no longer see the NHS simply as a huge and frustrating system that I have to work within. I see it as a complex organisation that needs people who are willing to understand it, challenge it, and work collaboratively to improve it.

I still have much to learn, but I leave the fellowship with a renewed sense of curiosity and purpose. I have developed a particular interest in compassionate leadership and would like to explore this further in the future.

And, perhaps most importantly, I have rediscovered my enthusiasm for the NHS. I have come to realise that my frustration was, in part, driven by how much I cared about getting things right. I now have a much stronger desire to be part of the solution.

I may still describe the NHS as a beast—but after this year, I feel much more ready to help tame it.